

MULTIPLE DEPENDENT CLAIM  
FEE-CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/9/2024	FILING DATE
APPLI(QNTYS)		

7/19/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
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18	/					
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21	/					
22	/					
23	/					
24	/	3				
25	/	3				
26	/	3				
27	/					
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/			1		
36	/			1		
37	/			1		
38	/			1		
39	/	2		2		
40	/	2		2		
41	/					
42	/			1		
43	/			1		
44	/			1		
45	/			1		
46	/			1		
47	/			1		
48	/			1		
49	/			1		
50	/			1		
TOTAL IND.		1		1		
TOTAL DEP.		1		1		
TOTAL CLAIMS			18			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/						/	
52	/						/	
53	/						/	
54								
55								
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99								
100								
TOTAL IND.	2	1	2	1	1	1		
TOTAL DEP.	21	10	21	10	3	2		
TOTAL CLAIMS	43	7	72	18	32	21		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS